

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION (POC)		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 396076	(X2) MULTIPLE CONSTRUCTION: A. BLDG: <u>00</u> B. WING: _____		(X3) DATE SURVEY COMPLETED: 06/02/2023
NAME OF PROVIDER OR SUPPLIER: MONUMENTAL POST ACUTE CARE AT WOODSIDE PARK STATE LICENSE NUMBER: 041402			STREET ADDRESS, CITY, STATE, ZIP CODE: 4001 FORD ROAD PHILADELPHIA, PA 19131		
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F 0000	INITIAL COMMENT	F 0000			
F 0550	Based on a Medicare/Medicaid Recertification Survey, Civil Rights Compliance Survey, State Licensure Survey, completed on June 2, 2023, it was determined that Monumental Post Acute Care at Woodside Park, was not in compliance with the requirements of 42 CFR Part 483, Subpart B, Requirements for Long Term Care Facilities and the 28 PA Code, Commonwealth of Pennsylvania Long Term Care Licensure Regulations related to the health portion of the survey process.	F 0550			
SS=D					

LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE

TITLE:

(X6) DATE:

Any deficiency statement ending with an asterisk (*) denotes a deficiency which may be excused from correction providing it is determined that other safeguards provide sufficient protection to the patients. The findings stated above are disclosable whether or not a plan of correction is provided. The findings are disclosable within 14 days after such information is made available to the facility. If deficiencies are cited, an approved plan of correction is requisite to continued program participation.

This form is a printed electronic version of the CMS 2567L. It contains all the information found on the standard document in much the same form. This electronic form once printed and signed by the facility administrator and appropriately posted will satisfy the CMS requirement to post survey information found on the CMS 2567L.

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F 0550 SS=D	Continued from page 1 483.10(a)(1)(2)(b)(1)(2) Resident Rights/Exercise of Rights §483.10(a) Resident Rights. The resident has a right to a dignified existence, self-determination, and communication with and access to persons and services inside and outside the facility, including those specified in this section. §483.10(a)(1) A facility must treat each resident with respect and dignity and care for each resident in a manner and in an environment that promotes maintenance or enhancement of his or her quality of life, recognizing each resident's individuality. The facility must protect and promote the rights of the resident. §483.10(a)(2) The facility must provide equal access to quality care regardless of diagnosis, severity of condition, or payment source. A facility must establish and maintain identical policies and practices regarding transfer, discharge, and the provision of services under the State plan for all residents regardless of payment source. §483.10(b) Exercise of Rights. The resident has the right to exercise his or her rights as a resident of the facility and as a citizen or resident of the United States. §483.10(b)(1) The facility must ensure that the resident can exercise his or her rights without interference, coercion, discrimination, or reprisal from the facility.	F 0550	The Mealtime enrichment policy has been updated. Unit managers or designee will ensure that all residents seated at tables will be served together in a timely fashion to ensure that no resident is sitting without food while others eat. Tables will be served one at a time. Staff developer or designee will in-service staff on mealtime dignity. A mealtime audit will be conducted daily for 2 weeks to ensure proper protocol is being followed. Results will be reported in monthly QAPI.	Completion Date: 07/07/2023 Status: APPROVED Date: 06/23/2023	

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F 0550 SS=D	Continued from page 2 §483.10(b)(2) The resident has the right to be free of interference, coercion, discrimination, and reprisal from the facility in exercising his or her rights and to be supported by the facility in the exercise of his or her rights as required under this subpart. This REQUIREMENT is not met as evidenced by:	F 0550			

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F 0550 SS=D	<p>Continued from page 3</p> <p>Based on observations and interviews with staff, it was determined that the facility failed to promote care for residents that maintains or enhances dignity and respect related to dining for two of two dining rooms observed. (Second floor, East and West side dining rooms.)</p> <p>Findings include:</p> <p>Observations of the Second-Floor West side dining room on May 30, 2023, at 12:01 p.m. revealed the following:</p> <p>A table with two residents, only one resident was served a meal. Another table with four residents seated, only two residents were served a meal.</p> <p>Observations of the Second-Floor East side dining room at 12:05 p.m. revealed a table with two residents, one resident was eating their meal and one was not served a meal. Further observation revealed the resident's meal tray arrived at 12:17 p.m.</p>	F 0550			

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F 0550 SS=D	Continued from page 4 Follow-up observations of the Second-Floor East dining room on May 31, 2023, at 12:02 p.m. revealed the following: A table with 3 residents; two residents ate 50% of their meal while one resident was still waiting to be served a meal. Further observations revealed the residents' tray arrived at 12:16 p.m. Further observations reveled two tables with two residents seated at each table, only one of two residents was served a meal. Observations revealed resident meal trays at 12:18 p.m. Follow-up observations of the Second-Floor East dining room on June 1, 2023, at 12:07 p.m. revealed the following: Two tables with two residents seated at each table, only one of two residents was served a meal. Further observations revealed the resident was later served a meal at 12:18 p.m.	F 0550			

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F 0550 SS=D	Continued from page 5 Interview with the second floor Unit Manager, Employee E15, On June 1, 2023, at 12:18 p.m. confirmed the above-mentioned findings. 28 Pa. Code 201.29(d) Resident Rights	F 0550			
F 0689 SS=D		F 0689			

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F 0689 SS=D	Continued from page 6 483.25(d)(1)(2) Free of Accident Hazards/Supervision/Devices §483.25(d) Accidents. The facility must ensure that - §483.25(d)(1) The resident environment remains as free of accident hazards as is possible; and §483.25(d)(2) Each resident receives adequate supervision and assistance devices to prevent accidents. This REQUIREMENT is not met as evidenced by:	F 0689	An incident report has been completed for R72. E20 has been disciplined and reeducated on proper protocol for 2 persons assist. All residents tasks were reviewed and updated to reflect the appropriate level of care required. Staff developer or designee will in-service certified nursing assistants on the importance of checking the medical record for all residents to ensure the level of care required PRIOR to starting care, and the importance of following all protocols as ordered. Staff developer or designee will conduct random spot pot checks weekly times 3 weeks to ensure staff are following correct protocol as it relates to the level of assistance needed to provide care for individual residents. Results of random checks will be	Completion Date: 07/07/2023 Status: APPROVED Date: 06/23/2023	

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F 0689 SS=D	Continued from page 7	F 0689	reported in monthly QAPI		

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F 0689 SS=D	Continued from page 8 Review of the review of clinical records, interviews with the staff and observations, it was determined that the facility failed to ensure that a resident who required staff assistance for activities of daily living (ADL) received adequate staff assistance during care which resulted in resident sustaining a fall during care for one of 30 residents reviewed. (Resident R79). Findings Include: Review of care plan for Resident R72 dated November 11, 2020, revealed that the resident required 2-person assistance for turning, incontinence care, toileting, moving up in bed and transfers with Hoyer lift. Review of nursing assistance task instructions revealed that the resident required 2-person assistance for turning, incontinence care, toileting, moving up in bed and transfers with Hoyer lift. During an observation of facility second floor on	F 0689			

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F 0689 SS=D	Continued from page 9 May 31, 2023, at 1:56 p.m., a loud thumb was heard from Resident R79's room. The door was closed, and the surveyor was standing next to the door. When the door was opened, the resident was observed laying on the floor and Employee E20, nursing assistant was observed standing next to the resident. Interview with Employee E21, Licensed Nurse, on May 31, 2023, at 2:04 p.m., stated the resident was getting washed up. Employee E21 stated resident had a bowel movement. Interview with Employee E20, Nursing Assistant, on May 31, 2023, at 2:04 p.m., stated he turned the resident to the side to pull the draw sheet and went inside the toilet to get basin and water. When he returned resident moved and started sliding to the floor. Resident slid through employees' leg to the floor. He landed on the floor mats. Employee E21 stated he was aware that the resident required 2-person assistance for bed mobility and incontinence care but there was no other staff	F 0689			

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F 0689 SS=D	Continued from page 10 available for help. Interview with Employee E1, Nursing Home Administrator, on May 31, 2023, at 2:04 p.m., stated resident was on 2-person assistance for turning, incontinence care, toileting, moving up in bed due to combative behavior. She stated when he talked to Employee E20 he said during care resident became combative and slid out of bed. Administrator also stated resident should have 2-person assistance during care per the care plan. 28 Pa. Code 211.12(d)(1) Nursing services 28 Pa. Code 211.12(d)(1)(5) Nursing services 28 Pa. Code 211.10(d) Resident care policies	F 0689			
F 0759 SS=D		F 0759			

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F 0759 SS=D	Continued from page 11 483.45(f)(1) Free of Medication Error Rts 5 Prent or More §483.45(f) Medication Errors. The facility must ensure that its- §483.45(f)(1) Medication error rates are not 5 percent or greater; This REQUIREMENT is not met as evidenced by:	F 0759	A med error incident was completed for R54 and there were no adverse reactions. Employee E5 will receive individualized education regarding medication administration from the staff developer. Staff developer or designee will conduct random med passes on all units weekly for 3 weeks then annually thereafter. Staff developer or designee will in-service licensed nurses on the medication administration policy and the importance to the 10 rights. Results will be reported in monthly QAPI	Completion Date: 07/07/2023 Status: APPROVED Date: 06/23/2023	

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F 0759 SS=D	<p>Continued from page 12</p> <p>Based on observations, review of clinical records, and interviews with facility staff, it was determined that the facility failed to ensure that it was free of medication error rate of five percent or greater.</p> <p>Findings include:</p> <p>Observation during the medication administration on May 31, 2023 at 9:14 a.m. revealed that 2 medication administration errors were made during 27 medication opportunities. The facility incurred a medication error rate of 7.41%.</p> <p>Review of Resident R54's physician order revealed an order dated May 30, 2023, for Ascorbic Acid Oral Tablet 500 milligrams (mg), give 1 tablet by mouth, one time a day for wound healing.</p> <p>Observation conducted on May 31, 2023, at 9:14 a.m., of Licensed nurse, Employee E5, administering medications to Resident R54 revealed that Employee E5 administered Ascorbic Acid Oral Tablet 250 mg and not 500 mg as ordered by the</p>	F 0759			

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F 0759 SS=D	<p>Continued from page 13</p> <p>physician to Resident R54.</p> <p>Review of Resident R54's physician order revealed; an order dated May 26, 2023, for Senna Oral Tablet 8.6 mg (Sennosides), give 1 tablet by mouth, every 12 hours for constipation.</p> <p>Observation conducted on May 31, 2023, at 9:14 a.m., with Licensed nurse, Employee E5, revealed that Employee E5, administered Senna Plus tablet which contains the ingredients Docusate Sodium 50 mg, and Sennosides 8.6 mg to Resident R54.</p> <p>At the time of the observation, interviewed with Licensed nurse, Employee E5 confirmed the above findings.</p> <p>28 Pa Code 211.10(d) Resident care policies.</p> <p>28 Pa Code 211.12(d)(5) Nursing services</p>	F 0759			

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F 0759 SS=D	Continued from page 14 Pa Code:211.12(d)(1)(2)(5) Nursing Services	F 0759			
F 0814 SS=D	483.60(i)(4) Dispose Garbage and Refuse Properly §483.60(i)(4)- Dispose of garbage and refuse properly. This REQUIREMENT is not met as evidenced by:	F 0814	The trash has been picked up by Mascaro and sons effective 5/31/23 The administrator or designee will review pick up days with Mascaro and sons to ensure timeliness and appropriate frequency of pickups. Staff developer or designee will complete in servicing for dietary, housekeeping and maintenance on the importance of keeping the dumpster lid closed and the dumpster area clean a free of debris The Housekeeping Director or designee will conduct environmental rounds weekly to ensure proper protocols being followed. Results will be reported in monthly QAPI after initial round date	Completion Date: 07/07/2023 Status: APPROVED Date: 06/23/2023	

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F 0814 SS=D	<p>Continued from page 15</p> <p>Based on observations and an interview with staff, it was determined that the facility did not ensure that garbage and refuse was disposed of properly.</p> <p>Findings Include:</p> <p>An initial tour of the Food Service Department conducted on May 30, 2023, at 9:43 a.m. with Food Service Director (FSD), Employee E10, revealed the following concerns in the dumpster area:</p> <p>The trash compactor with lids open, exposing the trash inside to open air and possible pest infestation. The trash compactor was observed to be overflowing with trash bags, with plastic wrap on the floor surrounding the dumpster. The gate behind the trash compactor was open, and broken wood pallets observed behind the dumpster.</p> <p>Further observation revealed four ripped mattress, a broken bed frame, dresser, broken laundry hanger, sofa, and an open grey trashcan against the parking</p>	F 0814			

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F 0814 SS=D	Continued from page 16 garage wall, spread into the dumpster area. The area surrounding the dumpster was not maintained under sanitary conditions to prevent the harborage of pests. Interview with the Food Service Director, Employee E10, confirmed the above-mentioned findings. 28 Pa. Code 201.18(b)(3) Management 28 Pa. Code 207.2(a) Administrator's responsibility	F 0814			
F 0842 SS=D		F 0842			

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION (POC)		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 396076	(X2) MULTIPLE CONSTRUCTION: A. BLDG: <u>00</u> B. WING: _____		(X3) DATE SURVEY COMPLETED: 06/02/2023
NAME OF PROVIDER OR SUPPLIER: MONUMENTAL POST ACUTE CARE AT WOODSIDE PARK			STREET ADDRESS, CITY, STATE, ZIP CODE: 4001 FORD ROAD PHILADELPHIA, PA 19131		
STATE LICENSE NUMBER: 041402					
(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE	(X5) COMPLETE DATE	
F 0842 SS=D	Continued from page 17 483.20(f)(5), 483.70(i)(1)-(5) Resident Records - Identifiable Information §483.20(f)(5) Resident-identifiable information. (i) A facility may not release information that is resident-identifiable to the public. (ii) The facility may release information that is resident-identifiable to an agent only in accordance with a contract under which the agent agrees not to use or disclose the information except to the extent the facility itself is permitted to do so. §483.70(i) Medical records. §483.70(i)(1) In accordance with accepted professional standards and practices, the facility must maintain medical records on each resident that are- (i) Complete; (ii) Accurately documented; (iii) Readily accessible; and (iv) Systematically organized §483.70(i)(2) The facility must keep confidential all information contained in the resident's records, regardless of the form or storage method of the records, except when release is- (i) To the individual, or their resident representative where permitted by applicable law; (ii) Required by Law; (iii) For treatment, payment, or health care operations, as permitted by and in compliance with 45 CFR 164.506;	F 0842	R22's Coode status has been corrected. Unit managers or designee will audit all medical records to ensure the POLST match the current orders for each resident code statuses. Unit managers or designee will audit POLST weekly times for 3 weeks then quarterly thereafter. Results will be reported in monthly QAPI Staff developer or designee will In-service Nurse managers and social services on the importance of code status accuracy	Completion Date: 07/07/2023 Status: APPROVED Date: 06/23/2023	

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F 0842 SS=D	Continued from page 18 (iv) For public health activities, reporting of abuse, neglect, or domestic violence, health oversight activities, judicial and administrative proceedings, law enforcement purposes, organ donation purposes, research purposes, or to coroners, medical examiners, funeral directors, and to avert a serious threat to health or safety as permitted by and in compliance with 45 CFR 164.512. §483.70(i)(3) The facility must safeguard medical record information against loss, destruction, or unauthorized use. §483.70(i)(4) Medical records must be retained for- (i) The period of time required by State law; or (ii) Five years from the date of discharge when there is no requirement in State law; or (iii) For a minor, 3 years after a resident reaches legal age under State law. §483.70(i)(5) The medical record must contain- (i) Sufficient information to identify the resident; (ii) A record of the resident's assessments; (iii) The comprehensive plan of care and services provided; (iv) The results of any preadmission screening and resident review evaluations and determinations conducted by the State; (v) Physician's, nurse's, and other licensed professional's progress notes; and (vi) Laboratory, radiology and other diagnostic services reports as required under §483.50.	F 0842			

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F 0842 SS=D	Continued from page 19 This REQUIREMENT is not met as evidenced by:	F 0842			

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F 0842 SS=D	<p>Continued from page 20</p> <p>Based on review of facility policy, review of clinical records, and staff interview, it was determined that the facility failed to ensure the POLST form accurately reflected the resident's code status for one of 34 residents reviewed (Resident R22).</p> <p>Findings Include:</p> <p>Review of Resident R22's clinical record revealed the resident was admitted to the facility on May 15, 2013, and had a diagnosis of Vascular Dementia (Vascular dementia is a general term describing problems with reasoning, planning, judgment, memory, and other thought processes caused by brain damage from impaired blood flow to your brain), and Cerebrovascular Disease (Cerebrovascular disease includes a range of conditions that affect the flow of blood through the brain. This alteration of blood flow can impair the brain's functions).</p> <p>Review of Resident R22's electronic clinical record</p>	F 0842			

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F 0842 SS=D	Continued from page 21 revealed a physician order dated January 27, 2023, that specified the resident's code status was Do Not Resuscitate (DNR - allow natural death if resident found with no pulse and is not breathing). Review of Resident R22's physical clinical record revealed a form, Physician Orders for Life Sustaining Treatment (POLST), dated and signed by the physician on December 23, 2016, that indicated the resident's code status was a "CPR/Attempt Resuscitation" (Cardiopulmonary Resuscitation (CPR) is an emergency procedure consisting of chest compressions often combined with artificial ventilation in an effort to manually preserve intact brain function until further measures are taken to restore spontaneous blood circulation and breathing in a person who is in cardiac arrest). Interview with the Unit Manager, Registered Nurse (RN), Employee E15, on June 1, 2023, at 9:59 a.m. confirmed the POLST form did not accurately reflect the physician order for code status on Resident R22's electronic medical record.	F 0842			

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F 0842 SS=D	Continued from page 22 28 Pa Code 211.10(d) Resident care policies. 28 Pa Code 211.12(d)(5) Nursing services.	F 0842			
F 0880 SS=D	483.80(a)(1)(2)(4)(e)(f) Infection Prevention & Control §483.80 Infection Control The facility must establish and maintain an infection prevention and control program designed to provide a safe, sanitary and comfortable environment and to help prevent the development and transmission of communicable diseases and infections. §483.80(a) Infection prevention and control program. The facility must establish an infection prevention and control program (IPCP) that must include, at a minimum, the following elements: §483.80(a)(1) A system for preventing, identifying, reporting, investigating, and controlling infections and communicable diseases for all residents, staff, volunteers, visitors, and other individuals providing services under a contractual arrangement based upon the facility assessment conducted according to §483.70(e) and following accepted national standards; §483.80(a)(2) Written standards, policies, and procedures for the program, which must include, but are not limited to:	F 0880	Water management Program has been established and is on file at the facility. The Maintenance Director or designee will conduct annual legionella testing at several water locations in the facility. The Maintenance Director or Designee will record results of water testing for facility records. NHA or Designee will conduct in -service with maintenance director on importance of keeping up with routine testing as recommended. Initial testing results will be reported on monthly QAPI	Completion Date: 07/07/2023 Status: APPROVED Date: 06/23/2023	

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F 0880 SS=D	Continued from page 23 (i) A system of surveillance designed to identify possible communicable diseases or infections before they can spread to other persons in the facility; (ii) When and to whom possible incidents of communicable disease or infections should be reported; (iii) Standard and transmission-based precautions to be followed to prevent spread of infections; (iv) When and how isolation should be used for a resident; including but not limited to: (A) The type and duration of the isolation, depending upon the infectious agent or organism involved, and (B) A requirement that the isolation should be the least restrictive possible for the resident under the circumstances. (v) The circumstances under which the facility must prohibit employees with a communicable disease or infected skin lesions from direct contact with residents or their food, if direct contact will transmit the disease; and (vi) The hand hygiene procedures to be followed by staff involved in direct resident contact. §483.80(a)(4) A system for recording incidents identified under the facility's IPCP and the corrective actions taken by the facility. §483.80(e) Linens. Personnel must handle, store, process, and transport linens so as to prevent the spread of infection.	F 0880			

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F 0880 SS=D	Continued from page 24 §483.80(f) Annual review. The facility will conduct an annual review of its IPCP and update their program, as necessary. This REQUIREMENT is not met as evidenced by:	F 0880			

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F 0880 SS=D	Continued from page 25 Based on observation, policy review, and staff interviews, it was determined that the facility failed to develop and implement Water Management Program for the prevention, detection, and control of water-borne contaminants, such as Legionella (a bacteria that may cause Legionnaires' Disease (a serious type of pneumonia)). Findings include: Review of Centers for Disease Control and Prevention (CDC) guidelines for "Water Management in Healthcare Facilities" revealed "Legionella water management programs identify hazardous conditions and include taking steps to minimize the growth and spread of Legionella in building water systems. Having a water management program is now an industry standard for large buildings in the United States." Review of Department of Health and Human services, Centers for Medicare and Medicaid services (CMS) memo "Requirement to Reduce	F 0880			

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F 0880 SS=D	Continued from page 26 Legionella Risk in Healthcare Facility Water Systems to Prevent Cases and Outbreaks of Legionnaires' Disease (LD)" dated July 6, 2018, revealed, "Facilities must develop and adhere to policies and procedures that inhibit microbial growth in building water systems that reduce the risk of growth and spread of Legionella and other opportunistic pathogens in water. This policy memorandum applies to Hospitals, Critical Access Hospitals (CAHs) and Long-Term Care (LTC). However, this policy memorandum is also intended to provide general awareness for all healthcare organizations. Facilities must have water management plans and documentation that, at a minimum, ensure each facility: o Conducts a facility risk assessment to identify where Legionella and other opportunistic waterborne pathogens (e.g. Pseudomonas, Acinetobacter, Burkholderia, Stenotrophomonas, nontuberculous mycobacteria, and fungi) could grow and spread in the facility water system. o Develops and implements a water management	F 0880			

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F 0880 SS=D	<p>Continued from page 27</p> <p>program that considers the ASHRAE industry standard and the CDC toolkit.</p> <ul style="list-style-type: none"> o Specifies testing protocols and acceptable ranges for control measures, and document the results of testing and corrective actions taken when control limits are not maintained. o Maintains compliance with other applicable Federal, State and local requirements." <p>Review of facility "Water Management Program" developed on May 15, 2018, revealed, "Monitoring and Verification Plan": Monitoring Task: Legionella culture test, Control Measure: <1CFU/ml, Frequency: Quarterly on a rotation basis.</p> <p>A request was made to the facility administrator for testing log for monitoring/prevention of legionella according to the facility protocol. There was no documented evidence provided related to the facility testing or monitoring potential legionella growth as required.</p> <p>During interviews with the Home Administrator</p>	F 0880			

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F 0880 SS=D	Continued from page 28 (NHA) on June 1, 2023, at 11:02 a.m., confirmed that the facility did not test or monitor potential legionella growth as required. 28 Pa. Code 211.12(d)(1)(3)(5) Nursing services	F 0880			
F 0883 SS=D		F 0883			

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F 0883 SS=D	Continued from page 29 483.80(d)(1)(2) Influenza and Pneumococcal Immunizations §483.80(d) Influenza and pneumococcal immunizations §483.80(d)(1) Influenza. The facility must develop policies and procedures to ensure that- (i) Before offering the influenza immunization, each resident or the resident's representative receives education regarding the benefits and potential side effects of the immunization; (ii) Each resident is offered an influenza immunization October 1 through March 31 annually, unless the immunization is medically contraindicated or the resident has already been immunized during this time period; (iii) The resident or the resident's representative has the opportunity to refuse immunization; and (iv) The resident's medical record includes documentation that indicates, at a minimum, the following: (A) That the resident or resident's representative was provided education regarding the benefits and potential side effects of influenza immunization; and (B) That the resident either received the influenza immunization or did not receive the influenza immunization due to medical contraindications or refusal. §483.80(d)(2) Pneumococcal disease. The facility must develop policies and procedures to ensure that- (i) Before offering the pneumococcal immunization, each resident or the resident's representative receives education regarding the benefits and potential side effects of the immunization;	F 0883	R129, R132, and R102 will be offered the pneumococcal vaccine unless it is contraindicated. DON or designee will conduct an Immunizations audit for all residents to determine who needs a vaccine. DON or designee will offer ALL residents the pneumococcal vaccine unless it is contraindicated per physician. Administration and refusals will be recorded in the medical record. Staff Developer or designee will conduct in- serving with nursing administration on the importance of offering Pneumococcal vaccine on admission and documenting in the medical record. DON or designee will conduct immunization audits quarterly. Results will be report in monthly QAPI	Completion Date: 07/07/2023 Status: APPROVED Date: 06/23/2023	

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F 0883 SS=D	Continued from page 30 (ii) Each resident is offered a pneumococcal immunization, unless the immunization is medically contraindicated or the resident has already been immunized; (iii) The resident or the resident's representative has the opportunity to refuse immunization; and (iv) The resident's medical record includes documentation that indicates, at a minimum, the following: (A) That the resident or resident's representative was provided education regarding the benefits and potential side effects of pneumococcal immunization; and (B) That the resident either received the pneumococcal immunization or did not receive the pneumococcal immunization due to medical contraindication or refusal. This REQUIREMENT is not met as evidenced by:	F 0883			

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F 0883 SS=D	<p>Continued from page 31</p> <p>Based on review of clinical records and staff interviews, it was determined that the facility failed to offer and/or provide pneumococcal immunization for three of five residents reviewed (Residents R129, R32, and R102)</p> <p>The findings include:</p> <p>Review of the clinical record for Resident R129 revealed the resident was admitted to the facility on November 3, 2022. Review of Resident R129's immunization records revealed no evidence that the resident received the pneumococcal vaccine, or the facility offered the pneumococcal vaccine.</p> <p>Review of the clinical record for Resident R32 revealed the resident was admitted to the facility on August 20, 2020. Review of R32's immunization records revealed no evidence that the resident received the pneumococcal vaccine, or the facility offered the pneumococcal vaccine.</p> <p>Review of the clinical record for Resident R102</p>	F 0883			

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F 0883 SS=D	Continued from page 32 revealed the resident was admitted to the facility on August 19, 2021. Review of R102's immunization records revealed no evidence that the resident received the pneumococcal vaccine, or the facility offered the pneumococcal vaccine. 28 Pa. Code: 201.14 (a) Responsibility of licensee 28 Pa. Code: 201.18 (b)(1) Management 28 Pa. Code: 211.15 (f) Clinical records	F 0883			



Certified End Page

MONUMENTAL POST ACUTE CARE AT WOODSIDE PARK

STATE LICENSE NUMBER: 041402

SURVEY EXIT DATE: 06/02/2023

**I Certify This Document to be a True and Correct Statement of Deficiencies and
Approved Facility Plan of Correction for the Above-Identified Facility Survey**

A handwritten signature in black ink that reads "Jeane Parisi".

Jeane Parisi
Deputy Secretary for Quality Assurance

A handwritten signature in black ink that reads "Debra L. Bogen MD".

Debra L. Bogen, MD, FAAP
Acting Secretary of Health



THIS IS A CERTIFICATION PAGE

PLEASE DO NOT DETACH

THIS PAGE IS NOW PART OF THIS SURVEY